



SPOKANE COUNTY SHERIFF'S OFFICE
TRAINING ANNOUNCEMENT



Human Remains Identification

When: June 11th – 12th, 2013
Where: Spokane County Sheriff's Office Training Center
10319 E. Appleway
Spokane Valley, WA 99206
Time: 0800 – 1700
Cost: \$50, payable to the Spokane County Sheriff's Office.
Payment must be received prior to the start of class.

Details: This course is back by popular demand. The object of the course is to present an introduction to human skeletal material and an overview of procedures used to sex, age, and race skeletons; to estimate time since death; to sort commingled remains; and to establish individual identification of remains. There will also be an opportunity to become familiar with skeletal anatomy and identification procedures in laboratory sessions. Class size is limited to 35 and has filled up fast each time, so register early!

Instructor: This class is instructed by Dr. Sarah Keller, a Professor of Anthropology at Eastern Washington University.

To Register: Send check/purchase order payable to the Spokane County Sheriff's Office to:

Deputy John Oliphant
Spokane County Sheriff's Office
1100 W. Mallon
Spokane, WA 99260

Send completed registration forms (below) to Deputy John Oliphant by fax (509) 477-6975 or email, jroliphant@spokanesherriff.org. Questions, call (509) 477-3211.



Revised 11/12

Spokane County Sheriff's Office – Training Unit

GENERAL COURSE APPLICATION

1. GENERAL INFORMATION

Applicant's Name:			(Last)	(First)	(Middle)
Title/Rank:	Applicant's Personnel Number:		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Primary Duty Assignment:			Agency:		
Agency Phone:	Agency Fax:	Applicant's Agency E-Mail Address:			
		@			
Agency Mailing Address:		(Street or PO Box)	(City)	(Zip)	

IF THIS APPLICANT REQUIRES SPECIAL CLASSROOM ACCOMODATION, PLEASE MAKE REQUEST ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

2. COURSE INFORMATION

Course Title:	Location of Course:
Course Dates:	

3. **MANDATORY-MUST BE COMPLETED TO BE CONSIDERED FOR SELECTION**

In determining **eligibility** of this **applicant**, the Spokane County Sheriff's Office will consider any special need or purpose which the applicant or his/her agency may have regarding the requested course or training. Comments:

4. **TRAINING COORDINATOR EMAIL ADDRESS (MANDATORY!)**

@

**Confirmation is sent via email,
please make sure this section is
complete.**

5. AUTHORIZATION

Agency Representative Authorizing
Attendance:

Name

Title

Signature

Date



Return completed application form to: Deputy John Oliphant by email, jroliphant@spokanesherriff.org or fax (509) 477-6975. For more information regarding the application process, please call (509) 477-3211.

SCSO USE ONLY

Confirmation Notice Sent? ☐ Date: _____

Cancellation Notice Sent? ☐ Date: _____

Paid? ☐ Check #: _____ Date Received: _____

Did the Student Withdraw? Yes ☐ Date: _____

Check Returned? Yes ☐ No ☐ N/A ☐ Date: _____

Comments: